



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Nakasone	Kenneth	Michael	808-539-8700
MAILING ADDRESS (Street)			FAX
999 Bishop Street, Suite 2600			808-539-8799
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Kobayashi, Sugita & Goda			808-539-8700
MAILING ADDRESS (Street)			FAX
999 Bishop Street, Suite 2600			808-539--8799
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

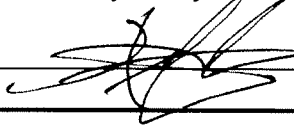
<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Home & Community Services of Hawaii, Inc.		808-454-0511
MAILING ADDRESS (Street)		FAX
2827 Waimano Home Road, First Floor		808-454-0512
(City)	(State)	(Zip Code)
Pearl City	Hawaii	96782
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Maria Etrata		808-454-0511
MAILING ADDRESS (Street)		FAX
2827 Waimano Home Road, First Floor		808-454-0512
(City)	(State)	(Zip Code)
Pearl City	Hawaii	96782

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Agriculture                              | <input type="checkbox"/> Education                      | <input checked="" type="checkbox"/> Human Services                          | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities        | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs               | <input checked="" type="checkbox"/> Labor & Employment                      | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation     | <input type="checkbox"/> Health                         | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        | _____   |

**PART IV CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*



(Signature of Lobbyist)

1/31/07

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME

Maria Etrata

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Secretary, Treasurer, and Director

NAME OF ORGANIZATION (if applicable)

Home & Community Services of Hawaii, Inc.

TELEPHONE

808-454-0511

MAILING ADDRESS (Street)

2827 Waimano Home Road, First Floor

FAX

808-454-0512

(City)

Pearl City

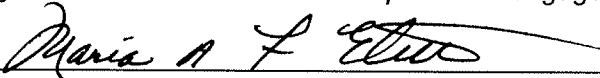
(State)

Hawaii

(Zip Code)

96782

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*



(Signature of Authorizing Officer or Person Represented)

1/31/07

(Date)